**Evised 06/05** 

## CAMPAIROWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A 2888 DEC 3 | AM | 10: 08 Fax: (515)281-3701

Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowe or received by the Governor on behalf of the state be reported to the lowe Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

FORM-GBG

Indexed	For office use only	
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Checked	<b>1</b>	
Compute	er	_

	id and and at Bratic		Computer
DEPARTMENT OR OFFICE RECEIV	ing the gift, beque	ST, OR GRANT:	<u> </u>
State Training School			
Name of Department or Office 3211 Edgington Ave.			
Mailing Address		City, State, Zip Code	
641-858-5402 Area Code & Telephone No.			
CONTACT PERSON FOR RECIPIEN	T DEBARTMENT OR OL		
	T DEPARTMENT OR OF	-FICE:	
Millie Dagit			
3211 Edgradon Ave.		Eldors, 1A, 50637	
Mailing Address (if different from above) muleprojections.is.us		City, State, Zip (if differe	ent from above)
Email Address		Area Code & Telephone	Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GR	ANT		
	CANT:		
Jim & Betty Key		_	
Name 409 Oak Avenuc	Cidore Tours 60607		
	Eldora, Iowa 50627  Oty, State, Zip Code	- 11 10/21/2000	<b>A A C C C C C C C C C C</b>
	Aly, State, Ap Coos	12/31/2008	\$ 250.00
Area Code & Telephone Number	····	Date of Gift, Bequest, or	
		Value is defined as "fair	market value" of item as determined by office. If no value mark "0.00".
Email Address (optional)		- reserving department or	onice. It no value mark 0.00.
Denide a description of the city have a			
Provide a description of the gift, bequest,		of:	
religious activities fund to be	used for students		
		·	
Criteria to use this form:			-
Receipt of any gift, bequest, or grant that	is received by any departm	ent of the state or received by the G	more as behalf of the state
		and a second or resolved by the Gr	overhor on benest of the state.
tatement of Affirmation:			
Millic Dagit			
onor and assessment of the fair market value	e gir, bequest, or grant repo (if applicable) is correct at	orted above is accurate, I further affi nd true to the best of my knowledge.	irm that the information concerning the
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		10/	21/2000
Maril			31/2008

## CAMPAIGN TOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

2888 DEC 31 AM 10: 08

DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethic

Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state		
Por office use only Indexed		

FORM-GBG

and Campaign Disclosure Board an provide a copy of this report to the C filed within 20 days of receipt of the	d the Government Oversigh Sovernment Oversight Comi	to be reported to the lowa Ethics of Committee. The Board will mittee, This form is required to be	Audited Checked Computer
DEPARTMENT OR OFFICE RECE	IVING THE GIFT, BEQUES	ST, OR GRANT:	
State Training School			
Name of Department or Office 3211 Edgington Avc.		Eldon, 1A, 50627	
Mailing Address		City, State, Zip Code	
Area Code & Telephone No.			
CONTACT PERSON FOR RECIPIE	NT DEPARTMENT OR OF	FICE:	
Millic Dagit			
Name			
3211 Edgington Avec Mailing Address (if different from above	<u>a)</u>	Elduri, IA, 50627 City, State, Zip (if different 1	
RLEI. Frem and Lighty about		Sity, Salte, 2ip (if different )	(rom spove)
Email Address		Area Code & Telephone Nu	umber (if different from above)
DONOR OF GIFT, BEQUEST, OR	GRANT:		
American Legion Aux-Griswold		_	
54697 Troy Road	Griswold, Ia 51535		
Meiling Address	City, State, Zip Code	-     12/21/2008	6.05.00
Is additional	City, State, 21p Code	12/31/2008	\$ 25.00
Area Code & Telephone Number		Date of Gift, Bequest, or Gr	ant Amount/Value*
Total and a resignation runner		Value is defined as "fair ma	rket value" of item as determined by
Email Address (optional)		_ receiving department or office	ce. If no value mark "0.00".
Provide a description of the gift, beque	st, or grant and purpose thereo	of;	
x-mas fund for students			
Criteria to use this form:			
Receipt of any gift, bequest, or grant the	lat is received by any departme	ent of the state or received by the Gover	mor on behalf of the state.
tatement of Affirmation:			
Millic Dagit	the gift, beguest, or grant rend	orted above is accurate. I further affirm	that the indownstine access to a tra-
onor and assessment of the fair market	alve (if applicable) is correct ar	nd true to the best of my knowledge.	that the information concerning the
/ 4		تستخد مخوض	<b>10.0.0.0.</b>
moord		12/31	/2008
Signature			Date

## Revised 06/05 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD IA ETHICS AND S10 EAST 12<sup>TM</sup>, SUITE 1A DES MOINEE IN TOTAL FORM-GBG Gift, Bequest, or Grant information received by a department or Fax: (515)281-3701 accepted by the Governor on behalf Reset Folks 2000 DEC 31 AM 10: 08 www.iowa.gov/ethics of the state lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the For office use only Indexed state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will Audited provide a copy of this report to the Government Oversight Committee. This form is required to be Checked filed within 20 days of receipt of the gift, bequest, or grant. Computer. DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT: State Training School Name of Department or Office 3211 Edgington Ave. Eldons, IA, 50627 Mailing Address City, State, Zip Code Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: Millie Dagit Name 3211 Edgington Ava. Eldon, [A. 50627 Mailing Address (if different from above) Olty, State, Zip (if different from above) ru.si.arsr.rdb@frigeben Email Address Area Code & Telephone Number (if different from above) DONOR OF GIFT, BEQUEST, OR GRANT: Hardin County Savings Bank Name 1202 Edgington Avc. Eldora, Iowa 50627 Mailing Address City, State, Zip Code 12/31/2008 \$ 20.00 Date of Gift, Bequest, or Grant Amount/Value\* Area Code & Telephone Number Value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". Email Address (optional)

Statement of Affirmation:

, Millic Dagit			
·	milim that the gift, bequest, or grant reported al	bove is accurate. I further affirm t	hat the information concerning the
donor and assessment of the fail	r market value (if applicable) is correct and true	to the best of my knowledge.	in the fill of the same of the same of the

M	Daniel	
Signature	7	

12/31/2008

Date